



# PULSE

THE QUARTERLY PUBLICATION OF THE AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

Fall • 2012

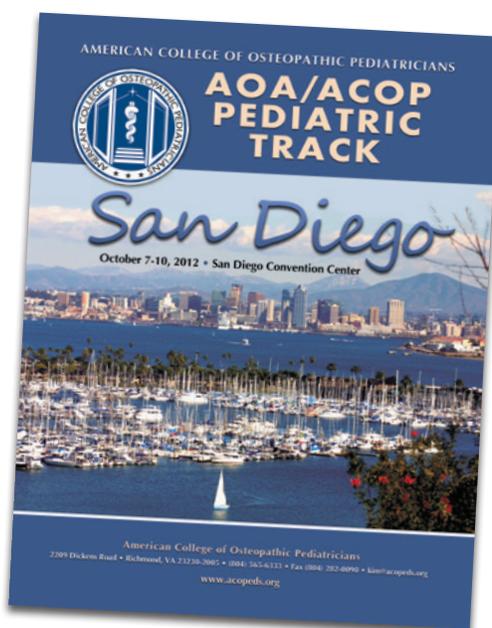
## 2012 OMED Pediatric Track

By Marta Diaz, DO, FACOP  
and Richard D. Magie, DO

Join us in San Diego Oct 7-10 for an exciting pediatric educational program.

### Highlights of this CME program include:

- New for this year: “OCC Essentials,” a two-hour mini board review to help you prepare for your general pediatrics certification or recertification.
- Interactive sessions including Simulation Competition (from the Naval Hospital San Diego Simulation Lab) and a medical interactive game.
- A subspecialty day of perinatal/neonatal lectures.
- Infections Diseases lectures by Larry K. Pickering, MD (Editor of the *Red Book*) and Denise Bratcher, DO.
- Allergy and immunology lectures by Amy Marks, DO, and Robert Hostoffer, DO.
- Osteopathic Continuous Recertification update by Fernando Gonzalez, DO, Chair of AOBP.
- Stay fit by participating in the AOA 5K Fun Run/Walk.
- Join your former classmates in the sponsored college alumni functions while you enjoy attending the OMED conference.
- CME - 24.5 Pediatric Category A-1 Credits available.



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### To Register Now

*Be sure to check the Pediatrician box when registering in order to receive your syllabus.*

## DID YOU KNOW?

The subject of the most commonly sold poster in the US is:

1. Periodic Table
2. Albert Einstein
3. Uncle Sam Recruiting Poster, “I Want You”
4. Anti-tobacco campaign ad
5. Snellen Optotypes

See page 7 for the answer.

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## President's Message

James E. Foy, DO, FACOP  
ACOP President



James E. Foy, DO,  
FACOP

### Building Relationships

My recent trip to Chicago for the AOA House of Delegates (HOD) meeting, and our ongoing meetings with the American Osteopathic Board of Pediatrics (AOBP) and National Board of Osteopathic Medical Examiners (NBOME), brings to mind the importance of building and maintaining relationships. This is an ongoing process, and like a garden, needs tender care and attention, particularly with our osteopathic partners.

At the HOD meeting, we received an update on AOA meetings with the Accreditation Council for Graduate Medical Education (ACGME) concerning their Fall, 2011, proposal. Briefly, the ACGME proposal would change their common program requirements for all ACGME residencies and fellowships to require ACGME-approved training exclusively as prerequisites for admission to their residencies and fellowships. No credit would be given for AOA-approved rotating internships (required for osteopathic licensure in four states), and AOA-approved residencies would not serve as a valid prerequisite for ACGME fellowships. If this proposal were to be implemented, it would have a profound effect on osteopathic graduate medical education.

In response to this proposal, the AOA has formed an ACGME task force with the American Association of Colleges of Osteopathic Medicine. This task force has met several times with the ACGME. All three institutions are reassessing competencies and looking for commonalities. The ACGME proposal has been put on hold, as negotiations continue, and the ACGME task force will be making presentations at the ACGME Board meeting in late September and the AOA Board meeting in October.

Our resolutions from the ACOP Vaccine Committee, concerning the new universal meningococcal vaccine booster recommendation and the use of the meningococcal vaccine in patients with sickle cell anemia, were accepted by the AOA HOD, but not without a challenge from the AOA Board and Resolutions Subcommittee. It was their opinion that we should rewrite the resolutions to simply recommend approval of

all ACIP recommendations.

I pointed out to the subcommittee that the ACOP and its Vaccine Committee serve as the filter for the AOA in reference to significant ACIP recommendations that affect our primary care providers, and that the resolutions serve as talking points for media and patient consideration, as well as serving an educational role for all of our osteopathic primary care physicians. I reaffirmed that the ACOP provides the AOA with osteopathic review of pediatric issues, and keeps the focus on significant recommendations. They accepted this rationale and the resolutions were passed unanimously (see ACOP web site).

This encounter points out that we need to continue to maintain our role with the AOA as the experts on pediatric immunization and pediatric public affairs in general.

Our discussions with the AOBP and NBOME continue to address our taking residency in-service assessment to a new level. We propose combining our current pediatric OMM and pediatric medical in-service examinations into one examination and administering the exam electronically, with implementing and assessing assistance from the NBOME and AOBP.

If we are able to accomplish this, we will have the first electronic pediatric in-service examination in the nation. We will be able to document and track the progression of our residents more closely during their training and focus individual resident and residency program's educational interventions more effectively. Additionally, we will be able to mute the allopathic critics of our in-service examination. More to come.

Our program for OMED 2012 being held in San Deigo is in place. Our next conference in April 2013 will be the first time that the ACOP has visited Columbus, Ohio. Peg Orcutt and Carl Backes are putting together some wonderful events, in concert with Doctors Hospital. Plan to be there! Until then, enjoy the rest of your summer.



# MELNICK at large

By Arnold Melnick, DO, FACOP

## Pediatric Anecdotes

Anecdotes-- how we love 'em! Some are comedic. Some are cute. Some are insightful. Some are sad. Some are ludicrous. They run all shapes and styles and colors.

But almost all of us have them-- many from our own life experiences or from relatives. And so many of them come from our children or children we know. What mother doesn't remember the laughable thing her son said when he was 4 years old? Or what father doesn't constantly repeat the brilliant retort of his son at age 6? And how many of these clever things have we pediatricians been witness to, particularly in our offices-- and frequently repeat them? All because they are interesting to us and, most of the time, to others.

The popularity of anecdotes about children is evidenced by the use of jokes created by a number of comedians about children; these stories are very popular with audiences. The late Sam Levenson, a genial family comic of an older generation, told many such stories, among them was the mother who found her young son, immediately after coming home from Sunday School, furiously scribbling-- drawing something on a large piece of paper. Confused, she asked him, "What are you drawing?" His answer, "I'm drawing a picture of God." Mother immediately replied, "But nobody knows what God looks like." Undaunted, the child said, "They will when I get through." And in many cases, the differentiation between true occurrences

and comedian's jokes eventually gets very blurred.

These anecdotes are often a picture of our lives. Often, long after specific times, dates and events are forgotten, the anecdote will remain vivid. And they add color, and sometimes importance, to our lives. Often, they have an uncanny way of helping us remember these specific events or dates from our past, otherwise forgotten.

Let's sample a few more:

In an interesting and resourceful compilation *The Little, Brown Book of Anecdotes* (Little, Brown, 1985), author Clifton Fadiman reports that Jack Benny, the famed comedian, visited the school in Waukegan that was named in his honor. When Benny asked for questions, one 12-year old asked, "Mr. Benny, why did they name you after our school?"

Looking for poignant? Fadiman tells this one about the French statesman Charles De Gaulle. His daughter was retarded from birth and required all kinds of attention, including dressing, feeding and assistance with speaking, and the famed general spent countless hours attending to her. When she died at age 20, De Gaulle turned to his wife and said, "Now, at last our child is just like all children."

I have collected a number of true examples culled from my years of practice and from personal contacts. The first two are from among the 20 or so in my book *Parenthood: Laugh and Understand Your*

*Child* (PublishAmerica, 2006).

One was the comment of a little girl, sitting next to me on our porch when I was in medical school and as I was studying anatomy. The page I was holding open had an outline of a human body, no detail and no sex definition-- just a simple outline. This 8-year-old looked at the book, then looked at me and asked, "What are you doing?" I replied, "Some of my school homework." After a thoughtful moment staring at me, she emphatically commented, "You go to a dirty school!"

In another instance, a very pregnant mother was striving to explain her huge abdomen to her small son. "That's your brother in there and I love him very much just like I love you." Without hesitation, the child replied, "If you love my brother so much, why did you swallow him?"

Of course, there were many that I did not publish. Here are a couple such stories.

This was a true one. A day or two after being taught "the facts of life" by his mother, a young boy barged into his parents' bedroom early one morning and immediately announced, "Go ahead. It's OK. Now that I know all about sex, you don't have to be bashful."

Another youngster, with a mind of his own, and a certain sophistication in eating out, was having dinner in a restaurant with his parents. When the waiter came to take their orders, this independent chap said, "I'll have rare roast beef-- and pour some blood on it."

Anecdotes are not just amusement or the spice of life. Actually, when you think about it, they are life itself.

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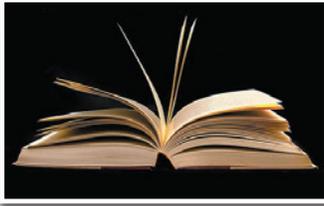
*(Do you have some favorite anecdotes? Personal? Office? Are you willing to share them with me? I'd like to collect them and maybe share them with others. Please send them to melnick5050@comcast.net and be sure to include your name and address [street or e-mail]. I will appreciate them.)*

## REGISTER NOW!

# 2012 AOA/ACOP PEDIATRIC TRACK

## October 7-10, 2012 • San Diego

Visit [www.acoped.org](http://www.acoped.org) for registration information



## BOOK REVIEW

By Arnold Melnick, DO, Msc, DHL (Hon.), FACOP

### Parents, Speak Up!

*A publication of the Office of Population Affairs,  
U.S. Department of Health and Human Services*

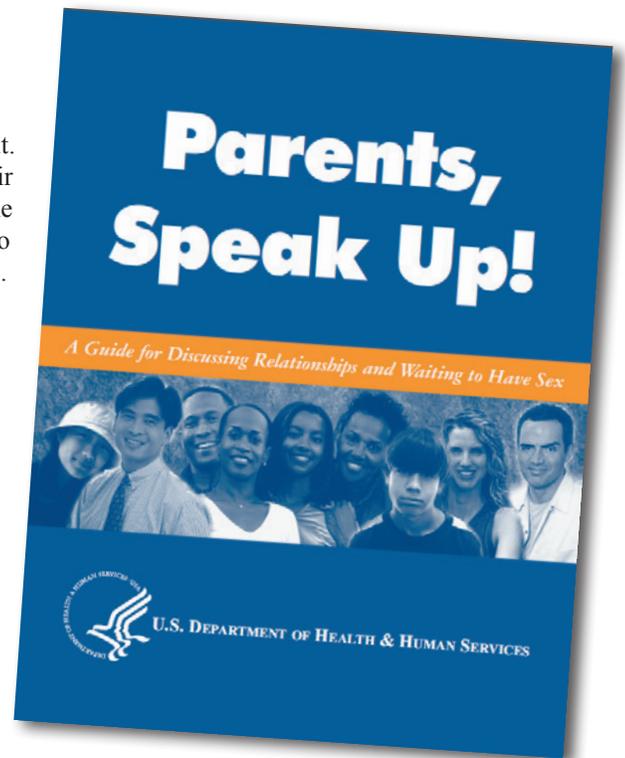
This is not a new book. It is five years old, but I recently re-discovered it. Astoundingly, in my opinion, it is the best book written to help parents talk to their children about sex and abstinence. It is written in simple prose, often giving the exact wording for aiding you child or for starting a conversation. No jargon, no jibberish, no theories. It has a number of “Conversation Starters” to aid parents. One example:

*“I was listening to the radio and heard a commercial about condoms. Do you know what a condom is? What can I tell you about them?”*

Laced throughout are simple, but fascinating and important, facts about sex, pregnancy, STDs, healthy relationships, nice refusal skills and other salient facts – again, all providing the exact language parents can be comfortable with and use successfully.

Other features include several “Talking Tips” and two acronyms to assist parents in organizing their thoughts on sexual subjects.

I recommend this highly, but don’t take my word for it. Download it (it is no longer available in printed version) and see for yourself. Visit [http://www.utahpta.org/files/docs/Parents Speak Up booklet.pdf](http://www.utahpta.org/files/docs/Parents%20Speak%20Up%20booklet.pdf). It is only 16 pages including the covers, but is a treasure trove of straight forward, down-to-earth information for parents.



## BACK TO SCHOOL

### Advising Parents in How to Have Constructive Conversations with Teachers



By Robert Locke, DO, MPH, FACOP

When advising parents how to engage in a constructive conversation with their child’s teacher, it is good to start with the basics. What is the goal of the conversation? What constructive actions can be undertaken to increase the likelihood of achieving that goal? Without a clear understanding of the goal alignment of actions that permit success in achieving that goal, it is unlikely that success will be achieved. Focusing on the goal – what a parent wants to achieve in the conversation with their child’s teacher – permits the parent to be focused, practical and more likely to be successful. These are good rules to follow in any professional conversation.

There are specific aspects that will increase the odds that your parent will have a successful conversation with a teacher.

1. Find the right place and time to have a conversation. A short conversation may work at pick-up/drop-off times, but this is a poor time for an extended conversation. An extended discussion should be scheduled at a time that works for both the parents and teacher;
2. Focus the discussion on what matters most. Having specific data is helpful;
3. Notes and email/phone messages: Be concise. A short single-focused note is likely to be effective. If you don’t hear back from the teacher, first check that the message was received;
4. Education is a two-way street. Accusatory statements are unlikely to achieve benefit. Ask to participate in the solution. Expect and accept that there may be differences in style and personalities.

# Residency Program Highlights

## Resident/Fellow Experience: Neonatal Fellowship

By Katherine Ziegler, DO

As I embark on my third year as a neonatal Fellow, I can't believe how fast the time has gone. I always remember my mentors telling me that the time would fly, but I didn't believe them until I sat down to write this piece. The process of becoming a neonatologist has been a complete blur. Why has the time flown? Maybe it's the intensity of caring for critically ill infants, maybe it's the anguish over telling a mother that her baby is going to die, maybe it's the stress of teaching our residents and trying to impress our attendings or maybe it's because we have made innumerable sacrifices for this job and very few people in our lives understand the complexity of what we do.



*Katherine Ziegler, DO*

Being a neonatal Fellow is exciting; we fly on helicopters, ride with lights and sirens in ambulances and save helpless babies' lives. We do it humbly because we know it may not always go our way. We do it carefully because we know that the wrong stroke of a computer key can overdose our micropremie. We do it passionately because it is who we have become.

Being a neonatal Fellow is challenging. Every baby has its own course that is unpredictable and fraught with variability. We are challenged to treat the baby with the highest standard of care and then we must explain to the parents that we will be putting their child on a machine to bypass its heart and lungs. We are challenged to know the standard of care and to make sense of ever-changing evidence-based medicine.

Being a neonatal Fellow is collegial. It is a team sport. I have made friends that will last a lifetime. They are the nurses and the pharmacists, the respiratory therapists and the nutritionists, the nurse practitioners and the attendings and, of course, the other Fellows. They are lifelong friends because they have taught me everything I know, they have stood by my side as we code babies, they have hugged me when we couldn't save them and they have made me laugh for countless hours on our many all-nighters.

Being a neonatal Fellow is exactly where I need to be. I am grateful that I have one more year to figure this all out. I love waking up and going to work. It is fun and exciting and I work with my best friends. Maybe it's been such a blur because it's been such an amazing experience and we never want the best parts of our lives to end, but those are the moments that always seem to end too soon.

*Editor's Note - Katie Ziegler, DO, is the Chief Fellow for the combined Neonatology/Neonatal-Perinatal Medicine Program at Jefferson Medical College, A.I.duPont Hospital for Children at Christiana Care Health System and a very wicked softball player.*



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**Reflections by Past Presidents  
of the ACOP**

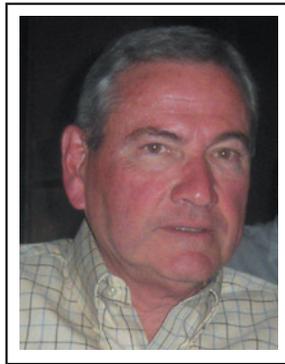
Edited by Steven Snyder, DO, FACOP



**By Joseph A. Dieterle, DO, FACOP**  
Past President, 1987-1988

My presidency of the American College of Osteopathic Pediatricians (ACOP) was from 1987 to 1988. As I recall, our major concern during those years was maintaining viability of student interest in pediatrics, viability of our residency programs and, indeed, viability of ACOP itself.

Our membership was small and declining. Residency programs were closing due to lack of inpatient numbers and interest in pediatrics seemed to be waning. In an effort to overcome this, the executive committee encouraged the formation of student pediatric clubs. There were Pediatric Clubs at some of the bigger and older schools. These formed models for the other schools to follow. Another area that aided in the erosion of the College was the issue of the comparison of AAP residency programs and our programs. During this time, there was a tremendous increase in the number of foreign medical graduates. Allopathic programs suddenly found that osteopathic trainees performed on the same par as allopathic trainees. In an effort to improve our programs, they were closely modeled to mirror the ACGME programs. Although this helped, a bigger issue arose. How do we bring back to the ACOP and the AOA the significant talent and, ultimately, membership of



*Joseph A. Dieterle, DO,  
FACOP*

DO graduates who matriculated in allopathic programs? This issue will continue to pose problems for our future leaders.

I also attempted to protect the College from other specialties encroaching in areas such as adolescent medicine and pediatric emergency medicine. I worked hard and diligently with AAP to share ideas and initiatives. I served on the Committee on Osteopathic Postdoctoral Training (COPT), which elevated the ACOP's visibility within the AOA. Adolescent Medicine and Pediatric Emergency Medicine remained under Pediatric control within the AOA for many years.

The issue of our rotating internship arose at the AOA level and eventually led to specialty tract internships, making our residency programs more in line with ACGME and meeting the needs of our trainees. This allowed the ACOP to start to actively recruit for our residencies and attract ACGME-trained pediatricians back into our schools to improve the education of our students.

The quality and content of our CME programs was enhanced throughout these years to be as good as any out there. This was all being done within the DO/MD ratio guidelines set forth by the AOA. This quality, I believe, began with Dr. Tom Santucci, Jr.'s program in Williamsburg, VA. He did a masterful job of balancing that ratio and provided a great program with Samuel Katz, MD. From that point on, the programs got better and better attracting more and more DO's. During my time, I was able to bring Waldo Nelson, MD, to speak at the ACOP conference.

The continued effort of ACOP officers in these areas led to a proliferation of conjoint programs, i.e., jointly approved (ACGME/AOA), with a multitude of new DO graduates who, in turn, are joining ACOP in record numbers.

Most frustrating for me was the inability to get the American Board of Pediatrics to administer subspecialty board examinations to DO's who completed DO residencies and went on to train in MD subspecialties (neonatology, pulmonary, infectious disease and cardiology to name a few). To this day, I believe this problem still exists.

A lot of what was addressed during my presidency was also addressed in the years prior to and following me. The time and effort made by the Board during my tenure helped to set the stage for a stronger, more viable ACOP. All in all, I see enormous growth and prosperity for our college in the years to come.

## DID YOU KNOW?

### Critical Blood Lead Level Lowered

The critical blood lead level for children has been lowered by federal health officials.

Since 1991, a level of 10 or more micrograms per deciliter was the recommended "level of concern."

The new recommendation is now 5 micrograms.

CDC officials predicted that this will likely mean more children will be identified as having lead exposure and parents and doctors will need to take action earlier.

Additional information on this new recommendation may be found at [www.cdc.gov/nceh](http://www.cdc.gov/nceh).

### Well-Child Visits Boost School Readiness

A study in Preventing Chronic Diseases showed that children who received recommended age-specific, well-child visits had 23 percent higher readiness for school at the end of kindergarten than those with fewer visits.

Although only 27 percent had the recommended number of visits in their second year, they were much more likely to show higher school readiness.

The successful group showed that increased health education and risk-avoidance guidance, cognitive development, emotional health and social development made a major difference.

# APPELLATION *Answers* ... Whose name is it?

## Snellen Chart

The universally accepted chart for testing visual acuity.

**Herman Snellen, MD  
(1834-1908)**

Herman Snellen was born February 19, 1834 in the central Netherlands city of Zeist. Like many physicians, he was the son of physician, likely influencing his career choice. He attended college in the nearby city of Utrecht, graduating with his medical degree from that program in 1858. After graduating, he remained in Utrecht and turned his attention to ophthalmology.

He was hired as an assistant physician at the Netherlands Hospital for Eye Patients. He ultimately became the director of the Eye Clinic in 1884. His concentration of research activities included glaucoma and astigmatism. Correcting visual acuity and the use of eyeglasses were special areas of concentration for him. In 1877, he was appointed as a full professor of ophthalmology at Utrecht University. In 1899, he directed an International Congress of Ophthalmologists in Utrecht.

Dr. Snellen is best known for the Snellen Eye Chart that is commonly used by healthcare practitioners around the world and bears his name. Prior to Dr. Snellen's chart, other physicians had developed their own versions of testing visual acuity. It was Snellen's unique design that standardized the size and grid of the letters, which he called optotypes. This design was important during the early 1900's, it provided printers with a standardized format for duplicating the chart for use.

Dr. Snellen died January 18, 1908, leaving behind a very wide-ranging collection of works in ophthalmology that focused on diseases of the retina as well as corrective vision. Counting production from its inception, the Snellen Eye Chart is the most commonly sold poster in the United States.

-John Graneto, DO, FACOP



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### Awards Committee

Scott Cyrus, DO

### CME Committee

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Eric Langenau, DO

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James Foy, DO

Have questions about ACOP activities or want to become involved? Email Kim Battle at [kim@acoped.org](mailto:kim@acoped.org) for more information



## Historical Highlights

In 1941, the first American Osteopathic Board of Pediatrics was established, with Evangeline Percival, DO (Los Angeles), as its Chair. Other members appointed were Fred Stone, DO (Los Angeles), as Secretary/Treasurer, Margaret Barnes, DO (Chicago), Dorothy Connet, DO (Kansas City), and Ruth Tinley, DO (Philadelphia). They gave their first certification examination on July 26, 1941, in Atlantic City.

AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS



# AOA/ACOP PEDIATRIC TRACK

# San Diego

October 7-10, 2012 • San Diego Convention Center



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# OSTEOPATHIC MEDICAL CONFERENCE & EXPOSITION (OMED) 2012

October 7 – 10, 2012 • San Diego, CA

## AOA OMED/ACOP PEDIATRIC TRACK 2012

### Welcome to the AOA/ACOP Pediatric Track at OMED 2012

The CME committee would like to warmly welcome you to beautiful San Diego! The ACOP Pediatric Track conference at OMED 2012 will provide great speakers and topics for your learning experience and enjoyment. The topics include updates on immunizations, what is just around the corner and peeks at unusual infectious diseases as well as visiting with some of our common infections masquerading as less common infectious processes. On top of all that, we will revisit old infectious friends from our past now presenting themselves again across America.

The week will begin on Sunday, appropriately, with our perinatal/neonatal section with lectures aimed at providing updates on prevention of prematurity and the overall theme of prevention of long-term sequelae in the neonate.

As we all face the potential need to review for certification exams, there will be two mini-review sessions for those of us in need. We all face hard situations with patients and their families; we have a pair of helpful lectures on moral distress and cultural awareness. For those who desire interactive learning, you will not be disappointed. There will be an exciting Sim Wars session featuring the simulation equipment and staff from the San Diego Naval Hospital. We will also continue to provide updated information on the changes just ahead for re-certification requirements (Osteopathic Continuous Certification) which will in some form affect most of us.

We will wrap up the week with a day of head scratching as there will be an allergy section to ponder and a lecture on contact dermatitis. In addition to all of this, a sports medicine section on recognition of growth plate injuries and a lecture on prevention of sports related injury.

The CME committee proudly invites students and student chapters to attend and become acquainted with their future comrades, plus hopefully take home some updated information to amaze their faculty and fellow students.

There is something for everyone, including the beautiful San Diego weather and beaches. Plan to join your Osteopathic Pediatric colleagues for a great time in California.

Richard Magie, DO, FACOP - *Program Chair*

Margaret Orcutt-Tuddenham, DO, FACOP - *Program Co-Chair*

Marta Diaz-Pupek, DO, FACOP, FAAP - *CME Committee Co-Chair*

Ed Spitzmiller, DO, FACOP - *CME Committee Co-Chair*

### Education Mission Statement

The ACOP's Continuing Medical Education (CME) is designed to meet the objectives and purposes of the College and the needs of the membership.

The objective of the ACOP is "to foster measures and conduct activities to increase the effectiveness of the specialty of pediatrics and pediatric education at all levels." The ACOP Committee on CME has as its main function the implementation of programs that will improve the quality of health care for children. Through surveys of its members during the year and at the CME Meeting, educational needs are identified. The scope of pediatric topics presented in the CME programs is based on these surveys.

### Accreditation and Designation

During OMED 2012, DOs will be able to earn up to 24.5 hours of Category 1-A CME credit for attending the didactic programs of the specialty colleges and the conference's closing joint session. However, it is possible to earn extra credit(s) by attending the Sunday sessions, breakfast sessions, and the AOA dinner session.

ACOP sessions comprise a total of 24.5 Category 1-A Credit Hours as follows:

**Sunday, October 7** ..... 6.5 credit hours (We anticipate being approved for 6.5 AOA Category A-1 CME credits for Sunday's program.)

**Monday, October 8** ..... 5.5 credit hours

**Tuesday, October 9** ..... 5.5 credit hours

**Wednesday, October 10**.... 7 credit hours

Please contact ACOP at (804) 565-6333 or email kim@ACOPeds.org with questions regarding this conference.

### Americans with Disabilities Act

The American College of Osteopathic Pediatricians has fully complied with the legal requirements of the ADA and the rules and regulations thereof. If any participant in this educational activity is in need of special accommodations, please contact ACOP headquarters at (804) 565-6333 or via email to kim@ACOPeds.org.

### Accommodations

The American Osteopathic Association (AOA) has arranged for special group rates during this Conference with a variety of hotels located close to Orange County Convention Center. To view hotels and make your reservation, please visit <http://www.osteopathic.org/inside-aoa/events/omed-2012/Pages/Travel-and-Hotel.aspx>

Discounted flights are available through United Airlines. To book, call (800) 521-4041 and use discount code 550KM.



# AOA OMED/ACOP PEDIATRIC TRACK 2012

Program Chair: Richard Magie, DO, FACOP  
Program Co-Chair: Margaret Orcutt Tuddenham, DO, FACOP

## SUNDAY, OCTOBER 7, 2012

### PERINATAL/NEONATAL

Co-Chairs: Shannon Jenkins, DO, FACOP, FAAP  
Adam Bressler, DO, FACOP

6:30 am – 7:45 am	<b>AOA Breakfast Seminar</b> (must sign in)
7:00 am – 5:00 pm	<b>AOA Registration</b>
8:00 am – 8:45 am	<b>Prevention of Prematurity</b> James T. Kurtzman, MD (Perinatologist)
8:45 am – 9:30 am	<b>Rescue Antenatal Corticosteroids Effects on Improving Neonatal Outcomes</b> James T. Kurtzman, MD (Perinatologist)
9:30 am – 10:00 am	<b>Break</b>
10:00 am – 4:00 pm	<b>AOA Exhibits</b>
10:00 am – 11:00 am	<b>Pulse-Oximetry Screening for Congenital Heart Disease</b> Ashish Shah, MD
11:00 am – 12:00 n	<b>CHD Prenatal Diagnosis and Counseling</b> Amy Svenson, MD
12:00 n – 1:30 pm	<b>AOA Lunch and Learn</b> <i>(Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be purchased in the Exhibit Hall.)</i>
1:00 pm – 4:00 pm	<b>AOA Residency Fair in Exhibit Hall</b>
1:30 pm – 2:30 pm	<b>Improving Neonatal Outcomes with Early Intervention</b> Cathleen Roberts, DO
2:30 pm – 3:30 pm	<b>Preventing Central Line Infections in the Intensive Care Nursery</b> Abraham Bressler, DO, FACOP
3:30 pm – 4:30 pm	<b>Neonatal Chronic Lung Disease with a Focus on Prevention</b> Henry Wojtczak, MD

Registration is available at

[www.osteopathic.org/inside-aoa/events/omed-2012](http://www.osteopathic.org/inside-aoa/events/omed-2012)



You must check the **Pediatricians Box** when you register in order to receive your syllabus and receive your specialty CME credit.

### FACULTY

**Denise F Bratcher, DO, FAAP**  
Children's Mercy Hospital  
Kansas City, MO

**Abraham Bressler, DO, FACOP**  
Neonatal Specialists, Ltd.  
Tucson, AZ

**Marta Diaz-Pupek, DO, FACOP, FAAP**  
A.I. duPont Hospital Children  
Wilmington, DE

**Fernando Gonzalez, DO, FACOP**  
Chairman, American Osteopathic Board of Pediatrics  
Shannon Clinic  
San Angelo, TX

**Robert Hostoffer, Jr., DO, FACOP**  
Case Western Reserve  
University Highland Heights, OH

- Continued -

5:00 pm – 9:00 pm  
6:00 pm – 9:00 pm

**ACOP Board of Trustees Meeting**  
**AOA Opening Reception**

## MONDAY, OCTOBER 8, 2012

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6:30 am – 7:45 am **AOA Breakfast Seminar**  
7:00 am – 4:30 pm **AOA Registration**  
8:00 am – 9:30 am **AOA Opening Session** - Keynote Speaker  
9:30 am – 4:30 pm **AOA Exhibits**  
10:00 am – 11:00 am **Osteopathic Continuous Certification**  
Fernando Gonzalez, DO, FACOP  
11:00 am – 12:00 n **Old Diseases, New Again**  
Philip Malouf, MD  
12:00 n – 1:00 pm **AOA Lunch and Learn**  
*(Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be purchased in the Exhibit Hall.)*  
1:00 pm – 2:00 pm **OCC Essentials**  
*Two 30-minute review sessions*  
2:00 pm – 3:00 pm **OCC Essentials**  
*Two 30-minute review sessions*  
3:00 pm – 3:30 pm **Break**  
3:30 pm – 4:15 pm **Cultural Awareness**  
Alissa Swota, PhD  
4:15 pm – 5:00 pm **Moral Distress**  
Alissa Swota, PhD  
5:00 pm – 7:00 pm **Committee Meetings**  
Evening: **AOA Affiliated Organizations Events**

## TUESDAY, OCTOBER 9, 2012

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6:00 am **AOA Still Fit for Life 5K Fun Run/Walk**  
6:30 am – 7:45 am **AOA Breakfast Seminar**  
7:30 am – 3:30 pm **AOA Registration**  
8:00 am – 10:00 pm **AOA Town Hall Meeting**  
8:00 am – 9:30 am **Simulation Competition**  
Margaret Orcutt Tuddenham, DO, FACOP;  
Mary Patterson, MD and staff from the Naval  
Hospital San Diego Simulation Lab  
9:00 am – 3:00 am **Exhibits - Final Day**  
9:30 am – 10:00 am **Break**  
10:00 am – 11:00 am **Update on Immunizations**  
Larry K. Pickering, MD  
11:00 am – 12:00 n **Uncommon Infectious Disease in Kids**  
Denise Bratcher, DO  
12:00 n – 1:00 pm **AOA Lunch and Learn**  
*(Lunch and Learn seating is limited with pre-registration available prior to OMED 2012. For those not attending Lunch and Learn sessions, lunch can be*

## FACULTY

---

**James Kurtzman, MD**  
Loma Linda University  
Medical Center  
Loma Linda, CA

**Philip Malouf, MD**  
Touro University California,  
College of Osteopathic Medicine  
Vallejo, CA

**Amy L. Marks, DO, FACOP**  
Children's Hospital of Michigan  
Detroit, MI

**Margaret Orcutt Tuddenham, DO, FACOP**  
Cincinnati Children's Hospital  
Cincinnati, OH

**Richard Parker, DO, FAOASM**  
San Diego Sports Medicine  
and Family Health Center  
San Diego, CA

**Mary Patterson, MD**  
Akron Children's Hospital  
Akron, OH

**Larry K. Pickering, MD**  
Senior adviser to the Director,  
National Center for Immunization  
and Respiratory Diseases of the Cen-  
ters for Disease Control  
and Prevention  
Editor of the *Red Book*  
Professor of Pediatrics, Emory  
University School of Medicine  
Atlanta, GA

**Cathleen Roberts, DO, FACOP**  
Pediatric Medical Group  
Dallas, TX

**Ashish Shah, MD**  
Arizona Pediatric Cardiology  
Consultants  
Phoenix, AZ

**Mary L. Solomon, DO**  
Rainbow Babies & Children's Hospital  
University Heights, OH

- Continued -

## TUESDAY, OCTOBER 9, 2012

*purchased in the Exhibit Hall.)*

12:00 n – 1:00 pm	<b>Alumni Luncheons</b>
1:30 pm – 2:30 pm	<b>What Lies Ahead in Disease Prevention?</b> Lary K. Pickering, DO
2:30 pm – 3:30 pm	<b>Unusual Presentation of Common Infectious Diseases</b> Denise Bratcher, DO
4:00 pm – 5:30 pm	<b>Committee Meetings</b>
Evening:	<b>Alumni Events</b>

## WEDNESDAY, OCTOBER 10, 2012

6:30 am – 7:45 am	<b>AOA Breakfast Seminar</b>
8:00 am – 12:00 pm	<b>AOA Registration</b>
8:00 am – 9:00 am	<b>OMED 2012 Final Speaker</b>
8:00 am – 9:00 am	<b>Amaphylaxis</b> Amy L. Marks, DO, FACOP
9:00 am – 10:00 am	<b>Contact Dermatitis</b> Amy L. Marks, DO, FACOP
10:00 am – 10:30 am	<b>Break</b>
10:30 am – 11:30 am	<b>Medical Interactive Session</b> Marta Diaz-Pupek, DO, FACOP, FAAP
11:30 am – 12:30 pm	<b>Pollen 101</b> Robert W. Hostoffer, Jr., DO, FACOP
12:30 pm – 2:00 pm	<b>ACOP Lunch/Posters</b>
2:00 pm – 3:00 pm	<b>Growth Plate Injury in Pediatric Sports</b> Richard Parker, DO, FAOASM
3:00 pm – 4:00 pm	<b>Review of Primary Immunodeficiencies</b> Robert W. Hostoffer, Jr., DO, FACOP
4:00 pm – 5:00 pm	<b>Injury Prevention in the Adolescent</b> Mary L. Soloman, DO



## FACULTY

**Amy L. Svenson, MD**  
Arizona Pediatric Cardiology  
Consultants  
Phoenix, AZ

**Alissa Swota, PhD**  
Bioethicist, Wolfson  
Children's Hospital  
University of North Florida  
Jacksonville, FL

**Capt. Henry Wojtczak, MD**  
Naval Medical Center  
San Diego, CA

**24.5**  
**Category 1-A**  
**Credit Hours**

**Registration is  
available at**

**[www.osteopathic.org/  
inside-aoa/events/  
omed-2012](http://www.osteopathic.org/inside-aoa/events/omed-2012)**

You must check the  
 **Pediatricians Box**  
when you register  
in order to receive  
your syllabus and  
specialty CME credit.

# AOA OMED/ACOP PEDIATRIC TRACK 2012

## OBJECTIVES

**SUNDAY, OCTOBER 7, 2012**

### **Prevention of Prematurity**

James T. Kurtzman, MD (Perinatologist)

Upon completion of this lecture, the participant will be able to:

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### **Rescue Antenatal Corticosteroids Effects on Improving Neonatal Outcomes**

James T. Kurtzman, MD (Perinatologist)

Upon completion of this lecture, the participant will be able to:

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### **Pulse-Oximetry Screening for Congenital Heart Disease**

Ashish Shah, MD

Upon completion of this lecture, the participant will be able to:

- Understand the scientific basis for pulse oximetry screening.
- Recognize the impact politics and media have on pulse oximetry screening.
- Lay the foundation for programmatic development in institutions.

### **CHD Prenatal Diagnosis and Counseling**

Amy Svenson, MD

Upon completion of this lecture, the participant will be able to:

- List the indications for obtaining a fetal echocardiogram.
- Discuss the advantages of prenatal diagnosis of congenital heart disease.
- Understand postnatal outcomes following the prenatal diagnosis of congenital heart disease.

### **Improving Neonatal Outcomes with Early Intervention**

Cathleen Roberts, DO

Upon completion of this lecture, the participant will be able to:

- Describe the rationale and evidence base available for developmental care in the neonatal intensive care unit.
- Understand the origins of early intervention, its influence on early and late outcomes for infants born prematurely, and available resources.
- Discuss factors that influence the effectiveness of early childhood intervention.

### **Preventing Central Line Infections in the Intensive Care Nursery**

Abraham Bressler, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Understand the effects of Catheter Associated Blood Stream Infections(CABSI) in the Neonatal Intensive Care Unit(NICU).
- Understand the causes of CABSI in the NICU.
- Understand the main techniques that can be used to reduce NICU CABSI.
- Understand additional techniques that can reduce NICU CABSI.

### **Neonatal Chronic Lung Disease with a Focus on Prevention**

Henry Wojtczak, MD

Upon completion of this lecture, the participant will be able to:

- Define and Diagnose Chronic Lung Disease of Infancy.
- Explain the proposed pathophysiologic processes that lead to CLDI.
- Discuss NICU management strategies to prevent CLDI.
- List the long term complications of CLDI.
- Understand the role of the Primary Care Provider in managing CLDI.

**MONDAY, OCTOBER 8, 2012**

### **Osteopathic Continuous Certification**

Fernando Gonzalez, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Define OCC.
- Outline the five components of OCC.
- Learn the individual requirements of OCC.
- Learn the "Go Live" date for OCC.

### **Old Diseases, New Again**

Philip Malouf, MD

Upon completion of this lecture, the participant will be able to:

- Describe the current national and global epidemiology of Measles, Polio, Mumps, and Tuberculosis.
- List risk factors for the development of infectious disease outbreaks in the United States.
- Appropriately diagnose and manage patients with Measles, Polio, and Mumps.
- Implement primary prevention measures to reduce the risk of vaccine-preventable infectious outbreaks.

### **Cultural Awareness**

Alissa Swota, PhD

Upon completion of this lecture, the participant will be able to:

- Recognize the profound influence of culture on health care decision making.
- Gain an appreciation for the ways in which increasing cultural awareness can help to avoid conflict in the clinical setting.
- Identify areas where further education in communicating across cultures would be possible.

### **Moral Distress**

Alissa Swota, PhD

Upon completion of this lecture, the participant will be able to:

- Define the concept of moral distress.
- Recognize situations in which moral distress is encountered.
- Identify ways to deal with moral distress in the clinical setting.

## TUESDAY, OCTOBER 9, 2012

### **SIM Wars**

Margaret Orcutt Tuddenham, DO, FACOP;  
Mary Patterson, MD; and staff from the Naval  
Hospital San Diego Simulation Lab

Upon completion of this lecture, the participant will be able to:

- Identify two ways in which simulation improves patient safety.
- Understand how simulation promotes teamwork and communication in healthcare teams.
- Understand how simulation improves performance in high risk and infrequent situations.

### **Update on Immunizations**

Larry K. Pickering, MD

Upon completion of this lecture, the participant will be able to:

- Review how immunization recommendations are made in the United States.
- Highlight recent changes to the childhood and adolescent immunization schedule.
- Summarize vaccines recommended for health care professionals.
- Discuss specific recommendations for pertussis, HPV, and meningococcal vaccines.

### **Uncommon Infectious Disease in Kids**

Denise Bratcher, DO

Upon completion of this lecture, the participant will be able to:

- Recognize clinical features associated with certain infections uncommon to children in the United States, such as tularemia, brucellosis, and others.
- Describe treatment options for the same uncommon pediatric infections.
- Identify epidemiologic sources for transmission and potential control measure for these pediatric infections.

### **What Lies Ahead in Disease Prevention?**

Larry K. Pickering, MD

Upon completion of this lecture, the participant will be able to:

- Highlight uses of IM and IV immunoglobulin preparations.
- Discuss prevention of group B streptococcal disease.
- Summarize antimicrobial prophylaxis in children.
- Review prevention of foodborne diseases.

### **Unusual Presentation of Common Infectious Diseases**

Denise Bratcher, DO

Upon completion of this lecture, the participant will be able to:

- Recognize unusual manifestations of hand, foot, and mouth diseases.
- Identify features of disseminated staphylococcal disease.
- Recall varied clinical manifestations of tuberculosis.
- Recognize clinical features of invasive group A streptococcal infections.

## WEDNESDAY, OCTOBER 10, 2012

### **Anaphylaxis**

Amy L. Marks, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Diagnosis of anaphylaxis
- Evaluate common triggers of anaphylaxis.
- Summarize the basic workup for anaphylaxis.
- Develop a rational treatment regimen for anaphylaxis.
- Understand the immunologic mechanisms involving anaphylaxis.
- Identify indications for referral to an allergist for further treatment and diagnostics.

### **Contact Dermatitis**

Amy L. Marks, DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Diagnosis of Contact Dermatitis
- Evaluate common triggers of contact dermatitis.
- Summarize a basic workup for contact dermatitis.
- Develop a rational treatment regimen for contact dermatitis.
- Understand the immunologic mechanisms involving contact dermatitis.
- Identify indications for referral to an allergist for further treatment and diagnostics.

### **Medical Interactive Session**

Marta Diaz-Pupek, DO, FACOP, FAAP

Upon completion of this lecture, the participant will be able to:

- Identify pathogens that may be responsible for fever in a particular age group.
- Review fever evaluation for a particular age group.

### **Pollen 101**

Robert W. Hostoffer, Jr., DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Understand the seasonality of pollen
- Understand pollen counting.
- Identify pollen characteristics.

### **Growth Plate Injury in Pediatric Sports**

Richard Parker, DO, FAOASM

Upon completion of this lecture, the participant will be able to:

- 
- 
- 

### **Review of Primary Immunodeficiencies**

Robert W. Hostoffer, Jr., DO, FACOP

Upon completion of this lecture, the participant will be able to:

- Understand the basic science of primary immunodeficiencies.
- Understand the clinical spectrum and diagnostics of primary immunodeficiencies.
- Identify the appropriate treatment of primary immunodeficiencies.

### **Injury Prevention in the Adolescent**

Mary L. Solomon, DO

Upon completion of this lecture, the participant will be able to:

- Know common sport injuries among adolescents.
- Be familiar with programs designed to prevent soccer injuries.
- Identify exercise programs to prevent basketball injuries.
- Understand hockey and football regulations in relation to sport injuries.
- Discuss the impact sport equipment has had on athlete safety.



# AMERICAN COLLEGE OF OSTEOPATHIC PEDIATRICIANS

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E-mail: greg@acoped.org • www.acoped.org

## MEMBERSHIP APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

Male  Female Preferred Contact Address:  Mailing  Billing

Mailing Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Address to be published in directory or web site?  Mailing  Billing  Neither

Secondary E-mail: \_\_\_\_\_ AOA #: \_\_\_\_\_ AAP#: \_\_\_\_\_

Note: The ACOP does not provide member phone/email information to outside vendors. Please supply your email address to expedite important ACOP communications in a more timely and cost effective method.

### DOCTORAL AND POSTDOCTORAL TRAINING

All applications are reviewed by the ACOP Membership Committee and Board of Trustees. Please allow 3-4 weeks for the approval process and to receive confirmation in writing. Please note: Failure to provide a completed membership application (including information below) may result in denial of membership in the ACOP.

Undergraduate Education: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Graduate Education: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Osteopathic Medical School \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Internship Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Residency/Fellowship Institution: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_

Are you board eligible?  Yes  No Are you board certified?  Yes  AOBP  ABP  No

Academic Affiliation(s): \_\_\_\_\_

Hospital Staff Positions Currently Held: \_\_\_\_\_

Primary Institutions and Locations: \_\_\_\_\_

Specialty \_\_\_\_\_ Subspecialty \_\_\_\_\_

If accepted for membership, I agree to abide by the Code of Ethics and the Constitution and Bylaws of ACOP. By Submission of this document, I authorize release of the information contained in herein and in membership files of those organizations and hospitals to which I may subsequently apply for membership, and the release to ACOP by organizations and hospitals of information relative to my previous membership in those organizations. I am a resident or a licensed physician in compliance with the state board of medical licensure and/or discipline's order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MEMBERSHIP CRITERIA

#### Fellow

Licensed osteopathic physicians certified in pediatrics by the American Osteopathic Board of Pediatrics or the American Board of Pediatrics. Fellows may vote on all governance issues, hold elective office, and serve on all ACOP committees.

#### Associate

Licensed osteopathic physicians who have completed a pediatric training program acceptable to the ACOP Executive Council. Associate members may vote on all governance matters, hold elective office, and serve on all ACOP committees.

#### General

Licensed osteopathic physicians who have a personal interest in pediatrics. General members may not vote or hold elective office, but may serve on all ACOP committees.

#### Candidate

##### (Intern/Resident/Fellow-in Training)

Interns, Residents or Fellows-in-Training participating in an approved training program. Candidate members may not vote or hold elective office, but may serve on all ACOP Committees.

**Student Membership:** Students must complete the Student Membership Application.

All applicants will be reviewed by ACOP, and applicants will receive prompt notice when approved. The process takes approximately two months.

Fellow\* ..... \$400  Intern\*\* ..... \$20 End Date \_\_\_\_\_

Associate ..... \$400  Resident\*\* ..... \$30 End Date \_\_\_\_\_

General ..... \$400  Fellow-in-Training\*\* ..... \$30 End Date \_\_\_\_\_

**\*Please provide: Copy of state license and proof of board certification, if applicable.**

**\*\*For Interns, Residents and Fellow-in-Training: Note from program director indicating participation in a training program.**

#### Payment Options (Please do not send cash for payment)

Check or Money Order Enclosed (US Funds) Made Payable to: ACOP, 2209 Dickens Rd., Richmond, VA 23230-2005.

AmEx  Mastercard  Visa  Discover Card Number: \_\_\_\_\_

Printed Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ CVV Security Code\* \_\_\_\_\_

\*CVV code is the three digit number on the back of VISA or MC or 4 digit number on the front of AMEX card above the account number.

**SAVE THE DATES!**

# Pediatricians **DO**ing Education Together

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